



TRANSFER OF SERVICE CREDIT

State Form 25411 (R2/1-02)

Approved by the State Board of Accounts 2002

INDIANA STATE TEACHERS' RETIREMENT FUND

150 West Market Street, Suite 300

Indianapolis, Indiana 46204-2809

(317) 232-3860 / (888) 286-3544

www.in.gov/trf

PRIVACY NOTICE

Your Social Security Number is requested by this agency in order to meet requirements of IRS Code 3405. Disclosure is mandatory; this form will not be processed without the number.

TO: PUBLIC EMPLOYEES' RETIREMENT FUND

RE: MEMBER OF TEACHERS' RETIREMENT FUND

SUBJECT: TRANSFER OF RETIREMENT SERVICE CREDIT

Name of Employee (First, MI, Last)		Previous Name (If applicable)	
Social Security Number	TRF Account Number	Date of Birth (mm/dd/yyyy)	
Street Address			
City	State	Zip Code	Anticipated Retirement Date

EMPLOYMENT	FROM	TO
Signature of Employee		Date Signed (mm/dd/yyyy)

SPACE FOR OFFICE USE ONLY

The employee designated above has entered employment covered by this Fund. Please indicate below the creditable service which this person may retain with your Fund and which you consider an actuarial liability of your Fund.

Signature of Executive Director--ISTRF

Date Signed (mm/dd/yyyy)

I, the undersigned, hereby certify that the employee named above has established creditable service with this Fund of

_____ years _____ months as listed above.

Employee Contributions	Employer Pickup	Interest	Total \$ _____ as of _____ MM DD YYYY
\$ _____	\$ _____	\$ _____	

December 31, 1986 After-Tax Contribution Amount: \$ _____

Signature of Director—PERF

Date Signed (mm/dd/yyyy)